

Behavioral Health Independent Assessment Referral eQSuite® Step by Step User Guide

Provider Types

Provider type is determined by the last 2 numbers of the 9-digit Medicaid assigned Provider/Practice ID.

- 19: Independently Licensed Practitioners
- 25: Psychiatric Facility – Inpatient
- 26: Behavioral Health Agency
- 44: Mental and Behavioral Health Group
- 91: School Based Mental Health
- 96: Community Support Services Program
- 01 & 02: Primary Care Physician

Provider Type Specific Information:

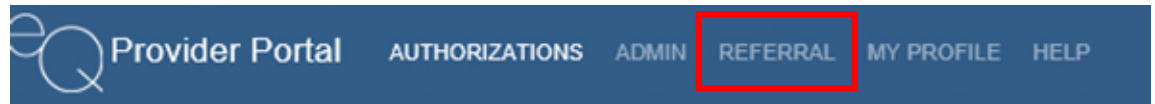
- 01 & 02: Submit referral using the referral request form.
- 19: Submit a referral using the referral request form.
- 25: When submitting a request; the portal automatically generates referral if needed*
- 26: Submit a referral using the referral request form.
- 44: No referral request allowed. Referral must be requested through type 19 provider*
- 91: No referral request allowed. Referral must be requested through type 19 provider*
- 96: Submit referral using the referral request form.

*Using the Referral Request form for a type 25, 44, or 91 will result in a “Provider Type Invalid” error.

Submitting a Referral Request

➤ Only Applicable to Behavior Health services

- Click Referral



- Click 'New Request'



- Select your Practice ID
- Click Find Patient
 - You will need to enter First and Last name and DOB or the Member ID and DOB.
- Click **search** and the patient information will generate, click on the name.
- Click "Find Ordering Provider"
 - Leave all fields blank
 - Click "Search"
 - Click on the information that populates
- Make sure all demographic information is correct, including phone number.
- Add Legal Guardian 1 and 2 information if needed
- Add Referral notes if needed
- Click Submit

Referral

Create a new Demographics Intake Registration

Demographics Intake Information

PRACTICE: 100003407

[Find patient...](#)

Referral Request

First Name	<input type="text"/>		Last Name	<input type="text"/>		
Email	<input type="text"/>		Phone Number	<input type="text"/>		
Address Line 1	<input type="text"/>		Address Line 2	<input type="text"/>		
City	<input type="text"/>		State	<input type="text" value="Not Selected"/>	Postal Code	<input type="text"/>

Legal Guardian 1

First Name	<input type="text"/>		Last Name	<input type="text"/>		
Email	<input type="text"/>		Phone Number	<input type="text"/>		
Address Line 1	<input type="text"/>		Address Line 2	<input type="text"/>		
City	<input type="text"/>		State	<input type="text" value="Not Selected"/>	Postal Code	<input type="text"/>

Legal Guardian 2

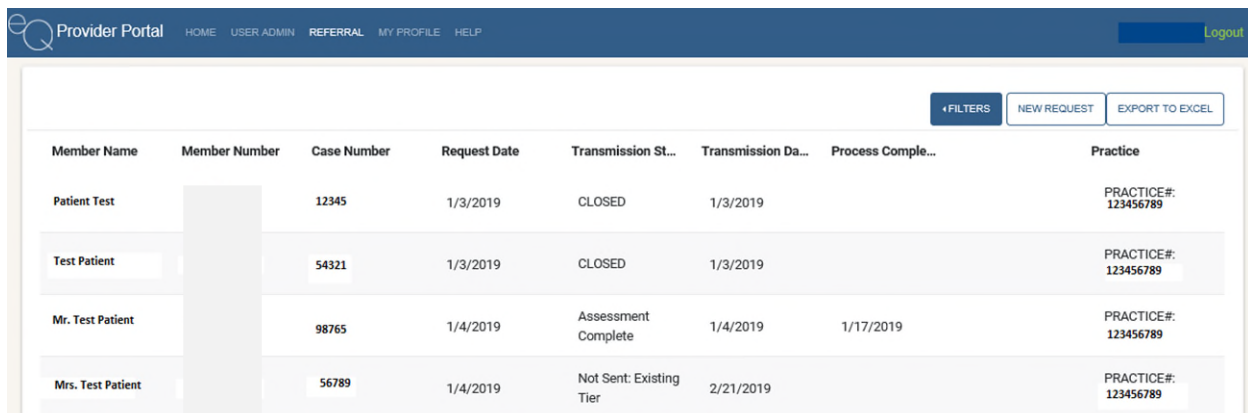
First Name	<input type="text"/>		Last Name	<input type="text"/>		
Email	<input type="text"/>		Phone Number	<input type="text"/>		
Address Line 1	<input type="text"/>		Address Line 2	<input type="text"/>		
City	<input type="text"/>		State	<input type="text" value="Not Selected"/>	Postal Code	<input type="text"/>

Referral Notes

SUBMIT

Checking the Status of a Referral Request

- To see the Status of a Referral, click on Referral
- View information regarding referral
 - Member Name
 - Member ID
 - Request Date
 - Transmission Status
 - Transmission Date
 - Process Completion Date
 - End Date of Assessment
 - Practice ID that Referral was entered under



The screenshot shows the 'Provider Portal' interface with a navigation bar containing 'HOME', 'USER ADMIN', 'REFERRAL', 'MY PROFILE', and 'HELP'. A 'Logout' link is visible in the top right. Below the navigation bar, there are three buttons: 'FILTERS', 'NEW REQUEST', and 'EXPORT TO EXCEL'. The main content is a table with the following columns: Member Name, Member Number, Case Number, Request Date, Transmission St..., Transmission Da..., Process Comple..., and Practice. The table contains four rows of data.

Member Name	Member Number	Case Number	Request Date	Transmission St...	Transmission Da...	Process Comple...	Practice
Patient Test		12345	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Test Patient		54321	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Mr. Test Patient		98765	1/4/2019	Assessment Complete	1/4/2019	1/17/2019	PRACTICE#: 123456789
Mrs. Test Patient		56789	1/4/2019	Not Sent: Existing Tier	2/21/2019		PRACTICE#: 123456789